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(Requestor's Name)							
(Address)							
(Address)							
(City/State (Zin/Dhone #)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Submission Linky Hame)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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COVER LETTER

то:	Registration Section Division of Corporations		•		
SUB.	_{JECT:} GIADORE COLLECTIO	ON LLC			
	Na	me of Limited L	iability Company		
Dear	Sir or Madam:				
The c	enclosed Registered Agent/Registered Of	fice Change and	I fee(s) are submitted for filing.		
Pleas	e return all correspondence concerning th	his matter to the	following:		
	Name of Person				
GIA	DORE COLLECTION LLC				
	Firm/Company				
790	1 4TH STREET NORTH STE	4000			
	Address				<u></u>
ST.	PETERSBURG, FL 33702			20 AUG	MOUSE/ PAN 35
	City/State and Zip Code			G 12	
info	o@giadorecollection.co)m			
	E-mail address: (to be used for future an		fication)	A	28S
For fu	urther information concerning this matter	, please call:		~	ATTON
JASI	MINE WILLIAMS	at (818	, 835-0569		
	Name of Person		Area Code & Daytime Telephone	Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Ro Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 dlahassee, Florida 32314		
	Enclosed is a check for the following	g amount:			
	\$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy		

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	ame of the limited liability company: GIADORE	E C	OLLEC.	TION LLC		
2.	(a)	7901 4TH STREET NORTH STE 4000	(ъ, 7901 4T	H STREET NORTH	STE -	4000
~.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		ST. PETERSBURG , FL 33702	_	ST. PE	TERSBURG, FL 3	3370	2
		10/17/19	_	L190002	261535		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	JASMINE WILLIAMS					
	(/	Registered Agent and Registered Office shown on the records of the	e Floric	la Dept. of State	: ::		
		2332 GALIANO STREET 2ND FLOOR					
		Registered Office Address (MUST BE FLORIDA STREET A.					
			<u>-</u>				
		CORAL GABLES .FL	3313	4		Ξ_{G}	
	(b)	NORTHWEST REGISTERED AGENT		20 AUG 12	CRL TARY		
		Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	7901 4TH STREET NORTH					AH 11: 19	表 S S D
		NEW Registered Office Address:		,			
		STE 300				•	₩. ₩.
		St. Petersburg	3370	2			
the age was	cha nt v s/wc	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of	he reg pility c the lir	istered office company, it is nited liability	and the business office of thereby confirmed that the company or as otherwise	of the i	registered
the	mi V	cles of organization or the operating agreement of the I		*	•		
s	//// venat	ture of a member of authorized representative of a member	JA	SMINE WII	LLIAMS Printed or typed name of sign		
l h	erel	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I have	e to ac perform for in creby c	et in this capa nance of my a Chapter 605, confirm that t	icity. I fu rther agree to i	amnle	with the nd accept eing filed as been

Signature of Registered Agent

Claudian Glover - Assistant Secretary